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The Centers for Medicare & Medicaid Services (CMS) Approves New Essential Health Benefit Benchmarks for Michigan

New Health Standards Will Expand Coverage for Treatment of Opioid Use Disorder

Today, the Centers for Medicare & Medicaid Services (CMS) approved a change to the essential health benefit (EHB) benchmark plan for Michigan starting with the 2022 plan year to improve access to services for people suffering from opioid use disorder (OUD). The EHB-benchmark plan includes items and services in ten benefit categories, like hospitalization and doctor visits. All plans sold on the individual and small group market must cover the EHBs in their state's benchmark plan. Today's action supports the Trump Administration's efforts in fighting our nation's opioid epidemic by providing consumers access to much needed prevention and treatment services. These new changes will increase access to healthcare services medication-assisted treatment (MAT) and overdose reversal medication and other appropriate, targeted care for individuals suffering from OUD.

“The opioid epidemic continues to have a serious impact on both patients and providers, which has only been exacerbated by the recent pandemic,” said Kimberly Brandt, CMS Principal Deputy Administrator for Policy and Operations. “Under Michigan’s new EHB-benchmark plan, issuers will be encouraged to cover a wider range of services to care for those who suffer from OUD.”

CMS concentrates on three approaches in our opioid strategy: prevention, treatment and data. To support treatment activities, Michigan’s new EHB-benchmark plan will cover buprenorphine, a form of MAT. MAT is a combination of behavioral therapy and medications to treat OUD. MAT is proven to be clinically effective to save patient lives, increase treatment retention, and significantly reduce the need for inpatient detoxification services for individuals with OUD. To further bolster treatment options, the new EHB-benchmark plan will also add coverage of at least one intranasal spray opioid overdose reversal agent, naloxone, when opioids are prescribed at dosages of 50 morphine milligram equivalent (MME) or higher. While naloxone is a medication used to save lives by reversing opioid overdoses, only one naloxone prescription is dispensed for

every 70 high-dose opioid prescriptions nationwide. Adding coverage of this drug in the new EHB-benchmark plan emphasizes the importance of naloxone in addressing the opioid epidemic.

Upon enactment, the Patient Protection and Affordable Care Act (PPACA) required non-grandfathered health insurance plans in the individual and small group markets to cover EHBs in all ten categories. CMS's regulations allow each state to develop a state-specific "benchmark" plan that detail the specific services covered among these broad categories, and that is equal in scope of benefits to a typical employer plan. Until recently, updating these benchmark plans was burdensome because states had limited options. To increase flexibility, in 2018, CMS published a rule, the HHS Notice of Benefits and Payment Parameters for 2019, that allows states greater flexibility in how they update their EHB-benchmark plan, if they so choose.

Today's approval follows a public comment period in which Michigan's Department of Insurance and Financial Services accepted public input on their proposed EHB-benchmark plan changes and also follows an application process to CMS. The new changes will take effect for plans required to comply with EHB requirements, including plans sold through the Exchange, for plan years starting on or after January 1, 2022.

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